



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REID HOSPITAL & HEALTH CARE SERVICES, INC.

City of Hospital: Richmond

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Greg Turner

Email Address: gregory.turner@reidhealth.org

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$275894242
Outpatient Patient Service Revenue	\$542591857
Total Gross Patient Service Revenue	\$818486099

2. Deductions From Revenue

Contractual Allowance	\$416445859
Other Deductions	\$24848651
Total Deductions	\$441294510

3. Total Operating Revenue

Net Patient Service Revenue	\$355259053
Other Operating Revenue	\$18653796
Total Operating Revenue	\$373912849

4. Operating Expenses

Salaries and Wages	\$90905013	Employee Benefits	\$32831132
Depreciation and Amortization	\$29095480	Interest Expense	\$7558166
Bad Debt	\$21932535	Other Expenses	\$158669166
Total Operating Expenses	\$340991492		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$54853892	Total Assets	\$717297490
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$280335446

Total Net Gains	\$54853892
-----------------	------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$451684644	\$301919609	\$149765035
Medicaid	\$136332404	\$94006370	\$42326034
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$230468651	\$42452415	\$188016236
Total	\$818485699	\$438378394	\$380107305

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$4223124	\$1228507	\$2994617

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$69011	\$2068449	\$-1999438
Hospital Patients	\$0	\$2575416	\$-2575416
Community Education	\$0	\$507033	\$-507033

Number of Medical Professionals Trained	1500
Number of Hospital Patients Educated	1000
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$20771362
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$4746124	\$14505160	
Subtotal	\$4746124	\$14505160	\$-9759036
DSH Payments	\$0		
Subtotal	\$4746124	\$14505160	\$-9759036
Medicare Shortfalls	\$103358239	\$228193798	
Other Government Programs	\$0	\$0	
Total	\$108104363	\$242698958	\$-134594595

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//